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R·S·T·C
Recreational Scuba Diving Council

UNDERSEA & HYPERBARIC MEDICAL SOCIETY

Hälsodeklaration

Konfidentiell information

Läs igenom detta innan du skriver under.

Detta är ett intyg där du informeras om några potentiella riskmoment vid dykning och det uppförande som krävs av dig för den aktivitet du skall delta i. Din underskrift krävs för att du skall få påbörja kursen som arrangeras av:

instruktör:______________________________

och skola:______________________________

Läs igen texten på denna blankett noggrant innan du skriver under. Du skall fylla i den egna hälsodeklarationen innan du får delta i dykkursen. Om du inte är myndig, måste blanketten skrivas under av någon av dina föräldrar/målsman.

Dykning kan vara en spännande och krävande aktivitet. När dykningen utförs på ett riktigt sätt med rätt tekniker är den mycket säker. Om säkerhetsreglerna inte följs kan detta leda till fara.

För att kunna dyka säkert kan du inte vara extremt överviktig eller ha dålig kondition. Under vissa förhållanden kan dykning vara mycket ansträngande. Du kan inte heller ha allvarliga sjukdomar i luftvägarna eller i hjärt/kärlsystemet. Kroppens luftfyllda hålrum måste fungera utan några allvarliga problem. En person med hjärtproblem, förkylning, epilepsi, allvarliga medicinska problem eller som är påverkad av alkohol eller droger bör inte dyka.

Om du använder medicin bör du konsultera läkare eller din instruktör före du deltar på kursen, och även efter kursen, för att få reda på om medicinen påverkar dykningen. Din instruktör kommer att lära dig de viktigaste säkerhetsreglerna för andning och tryckutjämning vid dykning. Felaktig användning av dykutrustningen kan medföra allvarliga skador. Du skall därför gå en kurs under direkt övervakning av en instruktör, så att du lär dig rätt användning.

Om du har ytterligare frågor om denna hälsodeklaration skall du diskutera dessa med din instruktör innan du skriver under.

Egen hälsodeklaration

Till deltagaren:

Avsikten med dessa frågor om din hälsa är att ta reda på om du behöver undersökas av en läkare innan du påbörjar dykkursen. Svarar du ja på någon av frågorna om din hälsa betyder detta inte automatiskt att du inte kan dyka, utan det innebär bara att du *kan* ha en skada eller sjukdom som kan påverka din säkerhet vid dykning. Dessa indikationer måste därför diskuteras med läkare.

Besvara nedanstående frågor med ett **JA** eller ett **NEJ**. Är du osäker skall du svara **JA**. Om någon av dessa frågor gäller dig, måste du ta kontakt med en läkare för att få ett godkännande innan du deltar i någon dykaktivitet. Bifogat till denna blankett finns "RSTC Guidelines for Recreational Scuba Diver's Physical Examination" som läkaren skall använda vid bedömningen.

____ Kan du vara gravid, eller försöker du att bli gravid?

____ Tar du regelbundet recpetbelagd medicin eller annan medicin (med undantag för p-piller)?

____ Är du över 45 år och gäller en eller flera av nedanstående punkter dig?
- Röker pipa, cigarr eller cigaretter?
- Har höjd kolesterolnivå
- Har haft hjärtinfarkt eller hjärnblödning i släkten
- Är under medicinsk behandling
- Har högt blodtryck
- Har diabetes (även om den regleras genom dieten)

Har du tidigare haft eller har du för närvarande....

____ Astma, ansträngd andning, eller pipande andning vid träning?

____ Ofta förekommande eller kraftiga anfall av hösnuva eller allergi?

____ Ofta förkylning, bihåleproblem eller bronkit?

____ Någon form av lungsjukdom?

____ Pneumatorax (lungkollaps)?

____ Andra sjukdomar i bröstet eller operation i bröstkorgen?

____ Beteendemässiga, mentala eller psykologiska problem (panikanfall, ångest för slutna rum eller öppna platser)?

____ Epilepsi, krampanfall, konvulsioner eller tar mediciner för att förhindra detta?

____ Periodisk migrän eller tar mediciner mot detta?

____ Tidigare haft besvär med svimning (helt eller delvis förlorat medvetandet)?

____ Ofta förekommande eller kraftig åksjuka (sjösjuka eller åksjuka, etc.)?

____ Dysenteri eller dehydrering som krävt medicinsk behandling?

____ Varit utsatt för dykolycka eller tryckfallssjuka?

____ Problem med att utföra moderat fysiskt arbete (som att gå 1600 meter på kortare tid än 12 minuter)?

____ Huvudskada med medvetslöshet under de senaste 5 åren ?

____ Ständiga ryggproblem?

____ Genomgått ryggoperation?

____ Diabetes (sockersjuka)?

____ Problem med rygg, arm eller ben efter operation, olycka eller fraktur?

____ Högt blodtryck eller tar mediciner för att kontrollera detta?

____ Hjärtsjukdom?

____ Hjärtinfarkt?

____ Kärlkramp, hjärtoperation eller operation i kärlsystemet?

____ Bihåleoperation?

____ Sjukdom eller operation i öron, problem med hörsel eller balans?

____ Upprepade problem med öronen?

____ Blödning eller andra blodsjukdomar?

____ Bråck?

____ Magsår eller opererad för magsår?

____ Stomioperation?

____ Missbruk av läkemedel, narkotika eller alkohol under de senaste 5 åren?

De upplysningar jag gett om min hälsa är riktiga enligt min kännedom om min situation. *Jag inser att jag själv har fullt ansvar för utelämnade upplysningar om uppenbara existerande eller tidigare medicinska förhållanden.*

______________________________ Deltagarens underskrift ________ Datum ______________________________ Förälders/målsmans underskrift ________ Datum

ELEVEN

Texta tydligt

Namn: ______________________________ Födesledatum: ______________ Ålder: ________

Adress: ____

____

Postnummer: ______________ Ort: ______________________________

Telefon privat: ______________ Telefon arbete: ______________ Fax: ______________

Namn och adress till egen läkare

Läkare: ______________________________ Vårdcentral/sjukhus: ______________________________

Adress: ______________________________ Telefon: ______________

Datum för senaste hälsoundersökning: ______________ Läkarens namn: ______________________________

Vårdcentral/sjukhus: ____

Adress: ______________________________ Telefon: ______________

Har du tidigare gjort en hälsoundersökning för dykning? ☐ Ja ☐ Nej Om ja, när? ______________

LÄKAREN

Denna person önskar delta i dykutbildning eller är certifierad som apparatdykare (SCUBA). Vi ber dig bedöma om han/hon är hälsomässigt lämplig för apparatdykning enligt den bifogade "RSTC Guidelines for Recreational Scuba Diver's Physical Examination". *This person is an applicant for training or is presently certified to engage in scuba (self contained underwater breathing apparatus) diving. Your opinion of the applicant's medical for scuba diving is requested. Please review the enclosed RSTC (Recreational Scuba Training Council) Guidelines for Recreational Scuba Diver's Physical Examination.*

Läkarens bedömning *Physician's impression*

☐ Jag finner inga medicinska hinder för att denna person skall kunna delta i fritidsdykning.
I find no medical conditions that I consider incompatible with diving.

☐ Jag avråder denna person att delta i fritidsdykning.
I am unable to recommend this individual for diving.

Jag har läst igenom "Guidelines for Scuba Diver's Physical Examination".
I have reviewed Guidelines for Scuba Diver's Physical Examination

Läkarens underskrift *Physician's signature*: ______________________________ Datum *Date*: ______________

Läkare *Physician*: ______________________________ Vårdcentral/sjukhus *Clinic*: ______________

Adress *Address*: ____

Telefon *Phone*: ______________________________ Epost *Email:* ______________________________

Guidelines for Recreational Scuba Diver's Physical Examination

Instructions to the Physician

Recreational **SCUBA** (Self-Contained Underwater Breathing Apparatus) can provide recreational divers with an enjoyable sport safer than many other activities. The risk of diving is increased by certain physical conditions, which the relationship to diving may not be readily obvious. Thus, it is important to screen divers for such conditions.

The **RECREATIONAL SCUBA DIVER'S PHYSICAL EXAMINATION** focuses on conditions that may put a diver at increased risk for decompression sickness, pulmonary overinflation syndrome with subsequent arterial gas embolization and other conditions such as loss of consciousness, which could lead to drowning. Additionally, the diver must be able to withstand some degree of cold stress, the physiological effects of immersion and the optical effects of water and have sufficient physical and mental reserves to deal with possible emergencies.

The history, review of systems and physical examination should include as a minimum the points listed below. The list of conditions that might adversely affect the diver is not all-inclusive, but contains the most commonly encountered medical problems. The brief introductions should serve as an alert to the nature of the risk posed by each medical problem.

The potential diver and his or her physician must weigh the pleasures to be had by diving against an increased risk of death or injury due to the individual's medical condition. As with any recreational activity, there are no data for diving enabling the calculation of an accurate mathematical probability of injury. Experience and physiological principles only permit a qualitative assessment of relative risk.

For the purposes of this document, **Severe Risk** implies that an individual is believed to be at substantially elevated risk of decompression sickness, pulmonary or otic barotrauma or altered consciousness with subsequent drowning, compared with the general population. The consultants involved in drafting this document would generally discourage a student with such medical problems from diving. **Relative Risk** refers to a moderate increase in risk, which in some instances may be acceptable. To make a decision as to whether diving is contraindicated for this category of medical problems, physicians must base their judgement on an assessment of the individual patient. Some medical problems which may preclude diving are **temporary** in nature or responsive to treatment, allowing the student to dive safely after they have resolved.

Diagnostic studies and specialty consultations should be obtained as indicated to determine the diver's status. A list of references is included to aid in clarifying issues that arise. Physicians and other medical professionals of the Divers Alert Network (DAN) associated with Duke University Health System are available for consultation by phone +1 919 684 2948 during normal business hours. For emergency calls, 24 hours 7 days a week, call +1 919 684 8111 or +1 919 684 4DAN (collect). Related organizations exist in other parts of the world – DAN Europe in Italy +39 039 605 7858, DAN S.E.A.P. in Australia +61 3 9886 9166 and Divers Emergency Service (DES) in Australia +61 8 8212 9242, DAN Japan +81 33590 6501 and DAN Southern Africa +27 11 242 0380.

In Norway: Haukeland sykehus, Seksjon for hyperbarmedisin, tlf: +47 55 97 38 75, fax: +47 55 97 51 37.

There are also a number of informative websites offering similar advice.

NEUROLOGICAL

Neurological abnormalities affecting a diver's ability to perform exercise should be assessed according to the degree of compromise. Some diving physicians feel that conditions in which there can be a waxing and waning of neurological symptoms and signs, such as migraine or demyelinating disease, contraindicate diving because an exacerbation or attack of the preexisting disease (e.g.: a migraine with aura) may be difficult to distinguish from neurological decompression sickness. A history of head injury resulting in unconsciousness should be evaluated for risk of seizure.

Relative Risk Conditions

- **Complicated Migraine Headaches whose symptoms or severity impair motor or cognitive function, neurologic manifestations**
- **History of Head Injury with sequelae other than seizure**
- **Herniated Nucleus Pulposus**
- **Intracranial Tumor or Aneurysm**
- **Peripheral Neuropathy**
- **Multiple Sclerosis**
- **Trigeminal Neuralgia**
- **History of spinal cord or brain injury**

Temporary Risk Condition

History of cerebral gas embolism without residual where pulmonary air trapping has been excluded and for which there is a satisfactory explanation and some reason to believe that the probability of recurrence is low.

Severe Risk Conditions

Any abnormalities where there is a significant probability of unconsciousness, hence putting the diver at increased risk of drowning. Divers with spinal cord or brain abnormalities where perfusion is impaired may be at increased risk of decompression sickness.

Some conditions are as follows:

- **History of seizures other than childhood febrile seizures**
- **History of Transient Ischemic Attack (TIA) or Cerebrovascular Accident (CVA)**
- **History of Serious (Central Nervous System, Cerebral or Inner Ear) Decompression Sickness with residual deficits**

CARDIOVASCULAR SYSTEMS

Relative Risk Conditions

The diagnoses listed below potentially render the diver unable to meet the exertional performance requirements likely to be encountered in recreational diving. These conditions may lead the diver to experience cardiac ischemia and its consequences. Formalized stress testing is encouraged if there is any doubt regarding physical performance capability. The suggested minimum criteria for stress testing in such cases is at least 13 METS.* Failure to meet the exercise criteria would be of significant concern. Conditioning and retesting may make later qualification possible. Immersion in water causes a redistribution of blood from the periphery into the central compartment, an effect that is greatest in cold water. The marked increase in cardiac preload during immersion can precipitate pulmonary edema in patients with impaired left ventricular function or significant valvular disease. The effects of immersion can mostly be gauged by an assessment of the diver's performance while swimming on the surface. A large proportion of scuba diving deaths in North America are due to coronary artery disease. Before being approved to scuba dive, individuals older than 40 years are recommended to undergo risk assessment for coronary artery disease. Formal exercise testing may be needed to assess the risk.

* METS is a term used to describe the metabolic cost. The MET at rest is one, two METS is two times the resting level, three METS is three times the resting level, and so on. The resting energy cost (net oxygen requirement) is thus standardized. (Exercise Physiology; Clark, Prentice Hall, 1975.)

Relative Risk Conditions

- **History of Coronary Artery Bypass Grafting (CABG)**
- **Percutaneous Balloon Angioplasty (PCTA) or Coronary Artery Disease (CAD)**
- **History of Myocardial Infarction**
- **Congestive Heart Failure**
- **Hypertension**
- **History of dysrythmias requiring medication for suppression**
- **Valvular Regurgitation**

Pacemakers

The pathologic process that necessitated should be addressed regarding the diver's fitness to dive. In those instances where the problem necessitating pacing does not preclude diving, will the diver be able to meet the performance criteria?

*** NOTE: Pacemakers must be certified by the manufacturer as able to withstand the pressure changes involved in recreational diving.**

Severe Risks

Venous emboli, commonly produced during decompression, may cross major intracardiac right-to-left shunts and enter the cerebral or spinal cord circulations causing neurological decompression illness. Hypertrophic cardiomyopathy and valvular stenosis may lead to the sudden onset of unconsciousness during exercise.

PULMONARY

Any process or lesion that impedes airflow from the lungs places the diver at risk for pulmonary overinflation with alveolar rupture and the possibility of cerebral air embolization. Many interstitial diseases predispose to spontaneous pneumothorax: Asthma (reactive airway disease), Chronic Obstructive Pulmonary Disease (COPD), cystic or cavitating lung diseases may all cause air trapping. The 1996 Undersea and Hyperbaric Medical Society (UHMS) consensus on diving and asthma indicates that for the risk of pulmonary barotrauma and decompression illness to be acceptably low, the asthmatic diver should be asymptomatic and have normal spirometry before and after an exercise test. Inhalation challenge tests (e.g.: using histamine, hypertonic saline or methacholine) are not sufficiently standardized to be interpreted in the context of scuba diving.

A pneumothorax that occurs or reoccurs while diving may be catastrophic. As the diver ascends, air trapped in the cavity expands and could produce a tension pneumothorax.

In addition to the risk of pulmonary barotrauma, respiratory disease due to either structural disorders of the lung or chest wall or neuromuscular disease may impair exercise performance. Structural disorders of the chest or abdominal wall (e.g.: prune belly), or neuromuscular disorders, may impair cough, which could be life threatening if water is aspirated. Respiratory limitation due to disease is compounded by the combined effects of immersion (causing a restrictive deficit) and the increase in gas density, which increases in proportion to the ambient pressure (causing increased airway resistance). Formal exercise testing may be helpful.

Relative Risk Conditions

- **History of Asthma or Reactive Airway Disease (RAD)***
- **History of Exercise Induced Bronchospasm (EIB)***
- **History of solid, cystic or cavitating lesion***
- **Pneumothorax secondary to:**
- **Thoracic Surgery**
- **Trauma or Pleural Penetration***
- **Previous Overinflation Injury***
- **Obesity**
- **History of Immersion Pulmonary Edema Restrictive Disease***
- **Interstitial lung disease: May increase the risk of pneumothorax**

* Spirometry should be normal before and after exercise

Active Reactive Airway Disease, Active Asthma, Exercise Induced Bronchospasm, Chronic Obstructive Pulmonary Disease or history of same with abnormal PFTs or a positive exercise challenge are concerns for diving.

Severe Risk Conditions

- **History of spontaneous pneumothorax.** Individuals who have experienced spontaneous pneumothorax should avoid diving, even after a surgical procedure designed to prevent recurrence (such as pleurodesis). Surgical procedures either do not correct the underlying lung abnormality (e.g.: pleurodesis, apical pleurectomy) or may not totally correct it (e.g.: resection of blebs or bullae).
- **Impaired exercise performance due to respiratory disease.**

GASTROINTESTINAL

Temporary Risks

As with other organ systems and disease states, a process which chronically debilitates the diver may impair exercise performance. Additionally, dive activities may take place in areas remote from medical care. The possibility of acute recurrences of disability or lethal symptoms must be considered.

Temporary Risk Conditions

- Peptic Ulcer Disease associated with pyloric obstruction or severe reflux
- Unrepaired hernias of the abdominal wall large enough to contain bowel within the hernia sac could incarcerate.

Relative Risk Conditions

- **Inflammatory Bowel Disease**
- **Functional Bowel Disorders**

Severe Risks

Altered anatomical relationships secondary to surgery or malformations that lead to gas trapping may cause serious problems. Gas trapped in a hollow viscous expands as the divers surfaces and can lead to rupture or, in the case of the upper GI tract, emesis. Emesis underwater may lead to drowning.

Severe Risk Conditions

- Gastric outlet obstruction of a degree sufficient to produce recurrent vomiting
- Chronic or recurrent small bowel obstruction
- Severe gastroesophageal reflux
- Achalasia
- Paraesophageal Hernia

ORTHOPAEDIC

Relative impairment of mobility, particularly in a boat or ashore with equipment weighing up to 18 kgs/40 pounds must be assessed. Orthopaedic conditions of a degree sufficient to impair exercise performance may increase the risk.

Relative Risk Conditions

- **Amputation**
- **Scoliosis must also assess impact on respiratory function**

and exercise performance.
- Aseptic Necrosis possible risk of progression due to effects of decompression (evaluate the underlying medical cause of decompression may accelerate/escalate the progression).

Temporary Risk Conditions

- Back pain

HEMATOLOGICAL

Abnormalities resulting in altered rheological properties may theoretically increase the risk of decompression sickness. Bleeding disorders could worsen the effects of otic or sinus barotrauma, and exacerbate the injury associated with inner ear or spinal cord decompression sickness. Spontaneous bleeding into the joints (e.g.: in hemophilia) may be difficult to distinguish from decompression illness.

Relative Risk Conditions

- **Sickle Cell Disease**
- **Polycythemia Vera**
- **Leukemia**
- **Hemophilia/Impaired Coagulation**

METABOLIC AND ENDOCRINOLOGICAL

With the exception of diabetes mellitus, states of altered hormonal or metabolic function should be assessed according to their impact on the individual's ability to tolerate the moderate exercise requirement and environmental stress of sport diving. Obesity may predispose the individual to decompression sickness, can impair exercise tolerance and is a risk factor for coronary artery disease.

Relative Risk Conditions

- **Hormonal Excess or Deficiency**
- **Obesity**
- **Renal Insufficiency**

Severe Risk Conditions

The potentially rapid change in level of consciousness associated with hypoglycemia in diabetics on insulin therapy or certain oral hypoglycemic medications can result in drowning. Diving is therefore generally contraindicated, unless associated with a specialized program that addresses these issues.

Pregnancy: The effect of venous emboli formed during decompression on the fetus has not been thoroughly investigated. Diving is therefore not recommended during any stage of pregnancy or for women actively seeking to become pregnant.

BEHAVIORAL HEALTH

Behavioral: The diver's mental capacity and emotional make-up are important to safe diving. The student diver must have sufficient learning abilities to grasp information presented to him by his instructors, be able to safely plan and execute his own dives and react to changes around him in the underwater environment. The student's motivation to learn and his ability to deal with potentially dangerous situations are also crucial to safe scuba diving.

Relative Risk Conditions

- **Developmental delay**
- **History of drug or alcohol abuse**
- **History of previous psychotic episodes**
- **Use of psychotropic medications**

Severe Risk Conditions

- **Inappropriate motivation to dive – solely to please spouse, partner or family member, to prove oneself in the face of personal fears**
- **Claustrophobia and agoraphobia**
- **Active psychosis**
- **History of untreated panic disorder**
- **Drug or alcohol abuse**

OTOLARYNGOLOGICAL

Equalisation of pressure must take place during ascent and descent between ambient water pressure and the external auditory canal, middle ear and paranasal sinuses. Failure of this to occur results at least in pain and in the worst case rupture of the occluded space with disabling and possible lethal consequences.

The inner ear is fluid filled and therefore noncompressible. The flexible interfaces between the middle and inner ear, the round and oval windows are, however, subject to pressure changes. Previously ruptured but healed round or oval window membranes are at increased risk of rupture due to failure to equalise pressure or due to marked overpressurisation during vigorous or explosive Valsalva manoeuvres.

The larynx and pharynx must be free of an obstruction to airflow. The laryngeal and epiglotic structure must function normally to prevent aspiration.

Mandibular and maxillary function must be capable of allowing the patient to hold a scuba mouthpiece. Individuals who have had mid-face fractures may be prone to barotrauma and rupture of the air filled cavities involved.

Relative Risk Conditions

- **Recurrent otitis externa**
- **Significant obstruction of external auditory canal**
- **History of significant cold injury to pinna**
- **Eustachian tube dysfunction**
- **Recurrent otitis media or sinusitis**
- **History of TM perforation**
- **History of tympanoplasty**
- **History of mastoidectomy**
- **Significant conductive or sensorineural hearing impairment**
- **Facial nerve paralysis not associated with barotrauma**
- **Full prosthedontic devices**
- **History of mid-face fracture**
- **Unhealed oral surgery sites**
- **History of head and/or neck therapeutic radiation**
- **History of temperomandibular joint dysfunction**
- **History of round window rupture**

Severe Risk Conditions

- **Monomeric TM**
- **Open TM perforation**
- **Tube myringotomy**
- **History of stapedectomy**
- **History of ossicular chain surgery**
- **History of inner ear surgery**
- **Facial nerve paralysis secondary to barotrauma**
- **Inner ear disease other than presbycusis**
- **Uncorrected upper airway obstruction**
- **Laryngectomy or status post partial laryngectomy**
- **Tracheostomy**
- **Uncorrected laryngocele**
- **History of vestibular decompression sickness**

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11. Divers Alert Network (DAN) United States, 6 West Colony Place, Durham, NC www.DiversAlertNetwork.org
12. Divers Alert Network Europe, P.O. Box 64026 Roseto, Italy, telephone non-emergency line: weekdays office hours +39-085-893- 0333, emergency line 24 hours: +39-039-605-7858
13. Divers Alert Network S.E.A.P., P. O. Box 384, Ashburton, Australia, telephone 61-3-9886-9166
14. Divers Emergency Service, Australia, www.rah.sa.gov.au/hyperbaric, telephone 61-8-8212-9242
15. South Pacific Underwater Medicine Society (SPUMS), P.O. Box 190, Red Hill South, Victoria, Australia, www.spums.org.au
16. European Underwater and Baromedical Society, www.eubs.org

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